## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

| maintenance fee notifica   | itions.                    |  |  |   |  |                              |  |
|--|----------------------------|--|--|---|--|------------------------------|--|
| CURRENT CURRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)   |                            |  |  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission |  |                              |  |
| 20350 7590 08/08/2007  |                            |  |  |   |  |                              |  |
| TOWNSEND AND TOWNSEND AND CREW, LLP  |                            |  |  | hereby certify that t   | his Fee(s) Transmittal is bein   | g deposited with the United  |  |
| <del>TWO EMBARCADERO CENTE</del> R   |                            |  |  | tates Postal Service  | with sufficient postage for fir  | st class mail in an envelope |  |
| E <del>IGHTH FLOOR</del>   |                            |  |  | ansmitted to the USI  | his Fee(s) Transmittal is bein<br>with sufficient postage for fir<br>il Stop ISSUE FEE address<br>PTO (571) 273-2885, on the c | date indicated below.        |  |
| <del>SAN FRANCISCO, CA 94111-383</del> 4<br>Brian M. Berliner  |                            |  |  | (Depositor's name)  |  |                              |  |
| O*MELVENY & MYERS LLP  |                            |  |  |   |  | (Signature)                  |  |
| 400 S. Hôpe St., Los Angeles, CA 90071-289   |                            |  |  |   |  | (Date)                       |  |
| APPLICATION NO. FILING DATE  |                            | <del></del>                                | FIRST NAMED INVENTOR   |   | ATTORNEY DOCKET NO.  | CONFIRMATION NO.             |  |
| 10/723,460 11/26/2003  |                            |  | Louis G. Kovach !!   | 1! 021755-000500US 5953   |  |                              |  |
|  | MODEL PAIL BOAD            | VELOCITY CONTROL                           | I FD   |   |  |                              |  |
| TITLE OF INVENTION: MODEL RAILROAD VELOCITY CONTROLLER   |                            |  |  |   |  |                              |  |
|  |                            |  |  |   |  |                              |  |
|  |                            |  |  |   |  |                              |  |
| APPLN. TYPE  | SMALL ENTITY               | ISSUE FEE DUE                              | PUBLICATION FEE DU   | E PRBV. PAID ISSU   | JE FEE TOTAL FEE(S) DUE  | DATE DUE                     |  |
| nonprovisional   | YES                        | \$700 120.                                 | \$0  | \$0   | \$700 7 D.C  | ) 11/08/2007                 |  |
| EXAM   | IINER                      | ART UNIT                                   | CLASS-SUBCLASS   |   |  |                              |  |
| MCCLOUD, RENATA D  |                            | 2837                                       | 318-268000   |   |  |                              |  |
| 1. Change of corresponde   | ence address or indication | n of "Fee Address" (37                     | 2. For printing on the patent front page, list   |   |  |                              |  |
| CFR. 563).  Llange of correspondence address (or Change of Correspondence  |                            |  | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  |   |  |                              |  |
| Address form PTO/SB/122) attached.   |                            |  | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |  |                              |  |
| LJ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.   |                            |  |  |   |  |                              |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  |                            |  |  |   |  |                              |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  |                            |  |  |   |  |                              |  |
| (A) NAME OF ASSI   |                            | (B) RESIDENCE: (CITY and STATE OR COUNTRY) |  |   |  |                              |  |
| THE CREATIVE TRAIN COMPANY, LLC  |                            |  | Beverly Hills, CA  |   |  |                              |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent):  |                            |  |  |   |  |                              |  |
| 4a. The following fee(s)   | are submitted:             | 41   | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   |   |  |                              |  |
| Sissue Fee   |                            |  | A check is enclosed.   |   |  |                              |  |
| Publication Fee (No small entity discount permitted)   |                            |  | Payment by credit card. Form PTO-2038 is attached.   |   |  |                              |  |
| Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any de overpayment, to Deposit Account Number 50-0639 (enclose and overpayment) ( |                            |  |  |   |  | n extra copy of this form).  |  |
| 5. Change in Entity Status (from status indicated above)   |                            |  |  |   |  |                              |  |
| ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).   |                            |  |  |   |  |                              |  |
| NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United Malay Patent and Trademark Office.   |                            |  |  |   |  |                              |  |
| Authorized Signature   |                            |  |  | Date  | November 5, 2007   |                              |  |
| Typed or printed name  | Berliner                   |  | Registration l   | No. 34,549  |  |                              |  |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.  |                            |  |  |   |  |                              |  |
|  |                            |  |  |   |  |                              |  |